

CONTRACT #17
RFS # 318.66-026

**Department of Finance &
Administration/Bureau of
TennCare**

VENDOR:
**Volunteer State Health
Plan, Inc. (TennCare Select)**



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

RECEIVED

MAR 13 2006

FISCAL REVIEW

March 10, 2006

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following MCO amendments:

Volunteer State Health Plan	FA-02-14859-00
Unison Health Plan of Tennessee, Inc.	FA-02-14858-00
UAHC (formerly Omni Health Plan)	FA-02-14862-00
Windsor Health Plan of Tennessee, Inc.	FA-02-14864-00
Preferred Health Plan	FA-02-14863-00
John Deere	FA-02-14860-00
Memphis Managed Care Corp (TLC)	FA-02-14861-00
Volunteer State Health Plan, Inc. (TennCare Select)	FA-02-14632-00

At the request of the Center for Medicare and Medicaid Services (CMS), the Bureau of TennCare is modifying all of the MCO contracts to clarify that TennCare does not pay for benefits covered by Medicare Part D for dual eligible enrollees. In addition to this change, Volunteer State Health Plan, Inc. (TennCare Select), is also being modified to increase funding for critical access and essential hospital payments for FY 2006.

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

Keith Gaither
Deputy Chief Financial Officer

Cc: J. D. Hickey, Deputy Commissioner
Darin Gordon
Alma Chilton

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

MAR 13 2006

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #

318.66-026

STATE AGENCY NAME :

Department of Finance and Administration, Bureau of TennCare

SERVICE CAPTION :

Provides TennCare covered services to children in State custody and provides a safety net should other MCO's fail.

CONTRACT #

FA-02-14632-00

PROPOSED AMENDMENT #

13

CONTRACTOR :

Volunteer State Health Plan, Inc.

CONTRACT START DATE :

July 1, 2001

CURRENT, LATEST POSSIBLE END DATE :
(including ALL options to extend)

12/31/2006

CURRENT MAXIMUM LIABILITY :

\$405,207,202.90

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT :
(including ALL options to extend)

12/31/2006

TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT :
(including ALL options to extend)

\$461,627,304.90

APPROVAL CRITERIA :
(select one)

use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

As requested by CMS, this amendment clarifies language stipulating that Medicare Part D pays for drugs for those enrollees who are both Medicare/Medicaid dual eligibles. Additionally, this amendment provides funding to support critical access and essential hospital payments for State Fiscal Year 2006.

(2) explanation of need for the proposed amendment :

Part D clarification is to fulfill CMS request; increase in critical access and essential hospital payments to fund FY 2006.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

At the request of the Center for Medicare and Medicaid Services, the Bureau of TennCare is modifying all of the MCO contracts to clarify Medicare Part D payments as they relate to TennCare enrollees. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify funding for continued services. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

KJB

SIGNATURE DATE:

CONTRACT SUMMARY SHEET


RFS Number:	318.66-026	Contract Number:	FA-02-14632-13
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description

Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$86,217,498.00	\$86,217,498.00			\$172,434,996.00	
2007	\$29,003,723.50	\$29,003,723.50			\$58,007,447.00	
Total:	\$220,895,719.85	\$ 240,731,585.05			\$ 461,627,304.90	

CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.	Check the box ONLY if the answer is YES:	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Scott Pierce 310	Is the Contractor a Vendor? (per OMB A-133)	
Address:	Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Scott Pierce 		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:	12/31/2006	
FY: 2002	\$ 18,599,868.48	
FY: 2003	\$ 33,079,942.80	
FY: 2004	\$ 63,490,156.62	
FY: 2005	\$116,014,894.00	
FY: 2006	\$116,014,894.00	\$56,420,102.00
FY: 2007	\$58,007,447.00	
Total:	\$ 405,207,202.90	\$56,420,102.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

AMENDMENT NUMBER 13

AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
VOLUNTEER STATE HEALTH PLAN, INC.

CONTRACT NUMBER: FA-02-14632-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Agreement for the Administration of TennCare Select by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Volunteer State Health Plan, Inc., hereinafter referred to as the CONTRACTOR, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. The Pharmacy Benefit described in Sections 2-3.1.1 and 2 shall be amended by adding clarification of Medicare Part D coverage effective January 1, 2006 so that the amended Pharmacy Benefits shall read as follows:

2-3.1.1

Pharmacy Services (obtained directly from an ambulatory retail pharmacy setting, outpatient hospital pharmacy, mail order pharmacy or those administered to a long-term care facility resident (nursing facility))	<p>As medically necessary. Non-covered therapeutic classes as described in Section 2-3.q, DESI, LTE, IRS drugs excluded.</p> <p>Effective July 1, 2000 through December 31, 2005, TENNCARE is responsible (whether directly or through a PBM) for the provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible. (However, this does not include pharmaceuticals administered in a doctor's office.)</p> <p>TENNCARE is not responsible for the provision and payment of pharmacy services for TennCare Medicaid/Medicare dual eligibles prior to the date that TENNCARE has notified the CONTRACTOR through the regular electronic eligibility update that these individuals are eligible in the TennCare/Medicare dual eligible category.</p> <p>Effective July 1, 2003, the aforementioned covered pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM) contracted by the TENNCARE Bureau. Pharmacies providing home infusion drugs and biologics <u>only (not including services)</u> shall bill the PBM.</p> <p>Diabetic monitors and supplies as well as injectable drugs obtained directly from a pharmacy provider shall be included in the covered pharmacy services that will be provided by the TennCare Pharmacy Benefit Manager effective July 1, 2003.</p>
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Amendment 13 (cont.)

	<p>The CONTRACTOR shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting in accordance with benefits described herein and to providers providing both home infusion services and the drugs and biologics. Effective July 1, 2005, the CONTRACTOR shall require that all home infusion claims contain NDC coding and unit information to be paid.</p> <p>Effective August 1, 2005, unless the CONTRACTOR is otherwise notified by TENNCARE, the Benefit Limits for Pharmacy coverage, as provided by the PBM shall be as follows:</p> <p>Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Pregnant Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name</p> <p>Institutionalized Medicaid Adults (Age 21 and older): As medically necessary</p> <p>Medically Needy Non-Institutionalized, Non-Pregnant Adults (Age 21 and older): Non-covered.</p> <p>Standard Eligible, Age 21 and older: Non-covered</p> <p>Medicaid/Standard Eligible, Under age 21: As medically necessary</p> <p>Effective January 1, 2006, provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible shall be administered by Medicare Part D.</p>
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2-3.1.2

Pharmacy Services	<p>Pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM), unless otherwise described below.</p> <p>Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name</p> <p>Institutionalized Medicaid Adults (Age 21 and older): As medically necessary</p> <p>Standard Eligible, Age 21 and older: Non-covered</p> <p>Medicaid/Standard Eligible, Under age 21: As medically necessary</p> <p>NOTE:</p>
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Amendment 13 (cont.)

	<p>Certain drugs (known as DESI, LTE, or IRS drugs) are excluded from coverage.</p> <p>Limits on Pharmacy benefits as well as the effective dates thereof are subject to change based on Waiver and/or Court negotiations.</p> <p>Effective July 1, 2003, the aforementioned covered pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM) contracted by the TENNCARE Bureau. Pharmacies providing home infusion drugs and biologics <u>only (not including services)</u> shall bill the PBM.</p> <p>Diabetic monitors and supplies as well as injectable drugs obtained directly from a pharmacy provider shall be included in the covered pharmacy services that will be provided by the TennCare Pharmacy Benefit Manager effective July 1, 2003.</p> <p>CONTRACTOR RESPONSIBILITIES: The CONTRACTOR shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting in accordance with benefits described herein and to providers providing both home infusion services and the drugs and biologics. Effective July 1, 2005, the CONTRACTOR shall require that all home infusion claims contain NDC coding and unit information to be paid.</p> <p>Services reimbursed by the CONTRACTOR shall not be included in the Pharmacy Benefit Limits as described above.</p> <p>Effective January 1, 2006, provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible shall be administered by Medicare Part D.</p>
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2. Section 2-26 shall be amended by deleting and replacing item d so that the new item d shall read as follows:
 - d. Payments to the critical access hospitals under this amendment shall not exceed \$10,000,000 for State fiscal year 2006. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the payments to the hospitals shall not exceed \$10,204,082 for State fiscal year 2006. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2006.
3. Part a of Section 2-27 shall be deleted and replaced in its entirety so that the amended Section 2-27.a shall read as follows:
 - a. Upon notice by TENNCARE, the Contractor will pay each provider the Quarterly Payment Due presented in the schedule provided by TENNCARE each quarter (period covering July 1, 2005 through June 30, 2006) of the State's fiscal year. The amount of quarterly payments may vary. The actual payment amount for each quarter will be provided by TENNCARE and will be based on the disbursement methodology recommended by TENNCARE's actuaries. Disbursements to

Amendment 13 (cont.)

providers by the CONTRACTOR, under this amendment, shall not exceed \$150,000,000, as presented in the schedule provided by TENNCARE. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. Payments to the CONTRACTOR, under this amendment, will not exceed \$153,061,224.

Amendment 13 (cont.)

All of the provisions of the original Contract not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

APPROVED BY:

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

VOLUNTEER STATE HEALTH PLAN, INC.

BY: _____
Ronald E. Harr
President and Chief Executive Officer

DATE: _____

APPROVED BY:

**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY**

BY: _____
John G. Morgan
Comptroller

DATE: _____

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-12
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V-	
		<input type="checkbox"/> C-	


Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			

Contract Begin Date		Contract End Date	
7/1/2001		12/31/2006	

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25	OCR RELEASED JAN 0 9 2006 TO ACCOUNTS		\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156.62
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$	116,014,894.00
2006	\$58,007,447.00	\$58,007,447.00				\$116,014,894.00
2007	\$29,003,723.50	\$29,003,723.50				\$58,007,447.00
Total:	\$192,685,668.85	\$ 212,521,534.05			\$	405,207,202.90

CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.	Check the box ONLY if the answer is YES:
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State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Scott Pierce	Is the Contractor a Vendor? (per OMB A-133)	
Address:	Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)507-6415		

Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	
Scott Pierce		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
CONTRACT END DATE:	12/31/2005	12-31-06	
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$116,014,894.00		
FY: 2006	\$55,335,500.00	\$60,679,394.00	
FY: 2007		\$58,007,447.00	
Total:	\$ 286,520,361.90	\$118,686,841.00	

RECEIVED

JAN 0 9 2006

FISCAL REVIEW

RECEIVED
2006 JAN -3 AM 9:34
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 20 2005

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-026		
STATE AGENCY NAME	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION	Provides TennCare covered services to children in State custody and provides a safety net should other MCO's fail.		
CONTRACT #	FA-02-14632-00	PROPOSED AMENDMENT #	11
CONTRACTOR	Volunteer State Health Plan, Inc.		
CONTRACT START DATE	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$286,520,361.90		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2005		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$286,520,361.90		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accreditation; strengthens conflict of interest disclosure requirements; strengthens MCO financial requirements; establish and maintain web site for providers which provides enrollee patient information to be readily available to providers, as well as various other housekeeping issues involving language clarifications.

(2) explanation of need for the proposed amendment :

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended requirements and language clarifications.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:

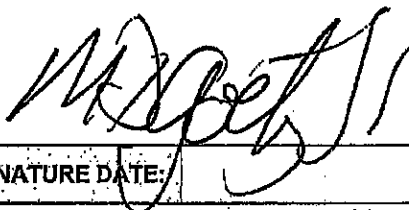
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-11	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V-		
				<input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$ 27,667,750.00	\$ 27,667,750.00			\$ 55,335,500.00	
Total:	\$ 133,342,248.35	\$ 153,178,113.55			\$ 286,520,361.90	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
	Base Contract & Prior Amendments	This Amendment ONLY				
CONTRACT END DATE:	12/31/2005					
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 63,490,156.62					
FY: 2005	\$ 116,014,894.00					
FY: 2006	\$ 55,335,500.00					
Total:	\$ 286,520,361.90					
				Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		

CONTRACT SUMMARY SHEET

RFS Number: 318.66-026		Contract Number: FA-02-14632-10	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allocation Code	Cost Center	Object Code	Fund
318.66	532	134	11
		<input type="checkbox"/> STARS	
		Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds	
2002	\$ 6,755,937.23	\$ 11,843,931.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90	\$ 63,490,156.62
2005	\$ 58,007,443.00	\$ 58,007,443.00	\$ 116,014,886.00
2006	\$ 27,667,750.00	\$ 27,667,750.00	\$ 55,335,500.00
Total:	\$ 133,342,244.35	\$ 153,178,109.55	\$ 286,520,353.90
CFDA# 93.778 Title XIX Dept. of Health & Human Svcs.		Check the box ONLY if the answer is YES:	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-133)	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN		Is the Contractor on STARS?	
(615) 532-1362		Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 Filed with Accounts?	
Scott Pierce			
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
CONTRACT END DATE:	12/31/2004	12/31/2005	
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$ 110,671,000.00	\$ 5,343,886.00	
FY: 2006	\$ 55,335,500.00		
Total:	\$ 281,176,457.90	\$ 5,343,886.00	
Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			

CONTRACT SUMMARY SHEET

RFS Number: 318.66-026		Contract Number: FA-02-14632-09	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allotment Code	Cost Center	Object Code	Fund
318.66	532	134	11
		Grant	
		<input type="checkbox"/> STARS	
		Grant Code	
		Subgrant Code	
		Other Funding	
		Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds	
2002	\$ 6,755,937.23	\$ 11,843,931.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90	\$ 63,490,156.62
2005	\$ 55,335,500.00	\$ 55,335,500.00	\$ 110,671,000.00
2006	\$ 26,667,750.00	\$ 26,667,750.00	\$ 55,335,500.00
Total:	\$ 129,670,301.35	\$ 149,506,166.55	\$ 281,176,467.90
CFDA#		93.778	
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Dean Daniel		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: 729 Church Street		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
(615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Scott Pierce		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
CONTRACT END DATE:	Base Contract & Prior Amendments	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
	12/31/2004		
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$ 110,671,000.00		
FY: 2006	\$ 55,335,500.00		
Total:	\$ 154,325,047.90	\$ 126,851,420.00	

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-08		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	532	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62		
2005	\$ 13,935,109.85	\$ 25,219,978.15			\$ 39,155,088.00		
Total:	\$ 61,602,161.20	\$ 92,722,894.70			\$ 154,325,055.90		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)			
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone:	(615)532-1362			Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Scott Pierce <i>Keith Fath</i>				Is the Contractor's Form W-9 Filed with Accounts?			
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
COMPLETE FOR ALL AMENDMENTS (only)							
		Base Contract & Prior Amendments	This Amendment ONLY				
CONTRACT END DATE:							
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 63,490,156.62					
FY: 2005		\$ 34,094,974.00	\$5,060,114.00				
FY:							
Total:		\$ 149,264,941.90	\$ 5,060,114.00				

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-07		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	532	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62		
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$ 34,094,974.00		
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$ 149,264,941.90		
CFDA#	93,778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Dean Daniel				Is the Contractor a Vendor? (per OMB A-133)			
Address: 729 Church Street				Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: Nashville, TN				Is the Contractor on STARS?			
(615)532-1362				Is the Contractor's FORM W-9 ATTACHED?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's Form W-9 Filed with Accounts?			
Dean Daniel							
Funding Certification							
COMPLETE FOR ALL AMENDMENTS (only)				Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
	Base Contract & Prior Amendments		This Amendment ONLY				
CONTRACT END DATE:							
FY: 2002	\$ 18,599,868.48						
FY: 2003	\$ 33,079,942.80						
FY: 2004	\$ 63,490,156.62						
FY: 2005	\$ 34,094,974.00						
FY:							
Total:	\$ 149,264,941.90		\$				

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-06
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description
 Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156.62
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$	34,094,974.00
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$	149,264,941.90

CFDA#	93.778	Check the box ONLY if the answer is YES:
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State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Dean Daniel	Is the Contractor a Vendor? (per OMB A-133)	
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel	<i>Dean Daniel</i> 12/23/03	Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
CONTRACT END DATE:				
FY: 2002	\$ 18,599,868.48			
FY: 2003	\$ 33,079,942.80			
FY: 2004	\$ 29,395,182.62	\$ 34,094,974.00		
FY: 2005		\$ 34,094,974.00		
FY:				
Total:	\$ 81,074,993.90	\$ 68,189,948.00		

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V-	<input type="checkbox"/> C-	
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$ 29,395,182.62	
Total:	\$ 35,545,435.72	\$ 45,529,558.18			\$ 81,074,993.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel</i> 12/11/03				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred. <i>Budget 12-9-03</i>		
CONTRACT END DATE:						
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 24,372,429.50	\$ 5,022,753.12				
FY:						
FY:						
Total:	\$ 76,052,240.78	\$ 5,022,753.12				

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CONTRACT SUMMARY SHEET

RFS Number:	318.66 - 026	Contract Number:	FA-02-14632-04
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	

VSHP (TennCare Select)	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population	

Contract Begin Date	Contract End Date
7/1/2001	12/31/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
			Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds				
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 11,153,919.98	\$ 13,218,509.53			\$ 24,372,429.50	
					\$ 76,052,240.78	
Total:	\$ 33,694,980.61	\$ 42,357,260.18				

CFDA#	93.778	Check the box ONLY if the answer is YES:
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State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Dean Daniel	Is the Contractor a Vendor? (per OMB A-133)	
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)532-1362	Is the Contractor on STARS?	

Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel	<i>Dean Daniel</i> 11/14/03	Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
CONTRACT END DATE:			
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 18,366,944.50	\$ 6,005,485.00	
FY:			
Total:	\$ 70,046,755.78	\$ 6,005,485.00	

CONTRACT SUMMARY SHEET

RFS Number: 318-66-026		Contract Number: FA-02-14632-03	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2003	
Allocation Code	Cost Center	Object Code	Fund
318.66	839	134	11
		<input type="checkbox"/> STARS	
		Other Funding	
		Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds	
2002	\$ 6,755,937.23	\$ 11,843,931.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 9,183,472.25	\$ 9,183,472.25	\$ 18,366,944.50
Total: \$ 31,724,532.88		\$ 38,322,222.90	
CFDA#		93.778	
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Dean Daniel		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: 728 Church Street		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
(615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Base Contract & Prior Amendments		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
This Amendment ONLY			
CONTRACT END DATE:			
FY: 2002			
FY: 2003			
FY: 2004			
FY:			
FY:			
Total: \$		\$	

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CONTRACT SUMMARY SHEET

Contract Number:	FA-02-14632-02
Contractor:	318.66-026
Division:	Bureau of TennCare
Agency:	Department of Finance and Administration
Contract Identification Number	
<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description	
Medicaid Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population	
Contract Begin Date	Contract End Date
7/1/2001	12/31/2003

Account Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
				Total Contract Amount (Including ALL amendments)		
				\$ 18,599,868.48		
				\$ 33,079,942.80		
				\$ 18,366,944.50		
				\$ 70,046,755.78		
Total:				\$ 31,724,532.88 \$ 38,322,222.90		

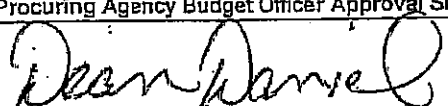
CFDA#	93.778	Check the box ONLY if the answer is YES:	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Dean Daniel 729 Church Street Nashville, TN (615)532-1362		Is the Contractor a Vendor? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature		Is the Fiscal Year Funding STRICTLY LIMITED?	
Dean Daniel		Is the Contractor on STARS?	
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:	12/31/2003	
2002	\$ 18,599,868.48	\$ 5,042,966.00
2003	\$ 28,036,976.80	
2004	\$ 18,366,944.50	
Total:	\$ 65,003,789.78	\$ 5,042,966.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-01	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V-		
<input type="checkbox"/> C-						
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 14,018,488.40	\$ 14,018,488.40			\$ 28,036,976.80	
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:	\$ 29,957,897.88	\$ 35,045,891.90			\$ 65,003,789.78	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street					
Phone:	Nashville, TN			Is the Fiscal Year Funding STRICTLY LIMITED?		
	(615)532-1362					
Procuring Agency Budget Officer Approval Signature				Is the Contractor on STARS?		
Dean Daniel 				Is the Contractor's FORM W-9 ATTACHED?		
				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
	Base Contract & Prior Amendments		This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
CONTRACT END DATE:	12/31/2002		12/31/2003			
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 9,670,032.30		\$ 18,366,944.50			
FY: 2004			\$ 18,366,944.50			
FY:						
FY:						
Total:	\$ 28,269,900.78		\$ 36,733,889.00			

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CONTRACT SUMMARY SHEET

Contract Number	FA-02-14632-00	State Agency	Tennessee Department of Finance and Administration
		Division	Bureau of TennCare

Contractor	Vendor ID Number
VSHF (TennCare Select)	<input type="checkbox"/> V— <input type="checkbox"/> C—

Service Description	
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population	

Contract Begin Date	Contract End Date
07/01/01	12/31/02

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Including ALL amendments)
2002	6,755,937.23	11,843,931.25			18,599,868.48
2003	3,512,397.48	6,157,634.82			9,670,032.30
Total	10,268,334.71	18,001,566.07			28,269,900.78

<input type="checkbox"/> Fiscal Year Funding is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name Keith Gaithe Address 729 Church Street, Nashville TN 37247-6501 Phone (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	<i>Keith Gaithe / RD 6/29/01</i> Keith Gaithe

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date			
Total			

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